

HC 4464
27 JUN 1962



CITY OF LEEDS EDUCATION COMMITTEE

ANNUAL REPORT
OF THE SCHOOL
MEDICAL OFFICER

FOR

1961



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CITY OF LEEDS EDUCATION COMMITTEE

Annual Report on the School Health Service for the Year 1961

BY

D. B. BRADSHAW, M.A., M.B., B.CH., B.A.O., D.P.H.,

*Medical Officer of Health and
Principal School Medical Officer*

INDEX

PAGE	
13	AUDIOMETRY
23	B.C.G. SCHEME
26	BLIND
18	CHILD GUIDANCE
6	CHILDREN ON ROLL
17	CHILDREN WITH DIFFICULTIES OF COMMUNICATION
16	CHIROPODY
21	CLEANLINESS OF PUPILS
9, 10	CLINICS
5	CONSULTANTS
27	DEAF CHILDREN
28	DELICATE CHILDREN
35	DENTAL SERVICE
14	DISPENSING OPTICIAN
28	EDUCATIONALLY SUB-NORMAL CHILDREN
29	EPILEPTIC CHILDREN
11	GENERAL CONDITION OF CHILDREN
25	HANDICAPPED PUPILS
24	HEALTH EDUCATION
20	INFECTIOUS DISEASES
7	INTRODUCTION
32	LARCHFIELD SCHOOL
32	LECTURES AND VISITS
29	MALADJUSTED CHILDREN
34	MILK IN SCHOOLS
12	MINOR AILMENTS
32	MISCELLANEOUS EXAMINATIONS
14	OPHTHALMIC SERVICES
36	ORTHODONTIC TREATMENT
15	ORTHOPÆDIC SERVICE
12	OTOLOGICAL SERVICES
16	PÆDIATRIC CLINIC
27	PARTIALLY DEAF CHILDREN
26	PARTIALLY SIGHTED CHILDREN
11	PERIODIC EXAMINATIONS
30	PHYSICALLY HANDICAPPED CHILDREN
23	POLIOMYELITIS VACCINATION
13	PRE-SCHOOL DEAF CLINIC
34	SCHOOL TRANSPORT
17	SPEECH DEFECTS
3, 9	STAFF
43	STATISTICAL TABLES
21	X RAY EXAMINATIONS

APPENDICES

	PAGE
I. REPORT ON PHYSICAL EDUCATION	37
II. SCHOOL MEALS SERVICE	39
III. HEALTH EDUCATION	41

LEEDS EDUCATION COMMITTEE

School Health Service

SPECIAL SERVICES SUB COMMITTEE

Chairman : Councillor F. H. Watson (To May, 1961)

Alderman L. Hammond (From May, 1961)

Alderman L. Naylor, J.P. (To May, Councillor M. Fish

1961)

„ L. E. Henson

Councillor A. R. Bretherick

„ A. Malcolm

„ V. M. Cardno

„ G. Murray

„ S. Cohen

„ F. H. Watson

Co-opted Member : Rev. Canon W. Fenton Morley

Chief Education Officer : George Taylor, M.A., Barrister-at-Law

SCHOOL HEALTH SERVICE

*Principal School Medical
Officer*

D. B. BRADSHAW, M.A., M.B., B.Ch.,
B.A.O., D.P.H.

*Deputy Principal School
Medical Officer*

G. E. WELCH, M.B., B.S., D.P.H.

Senior School Medical Officer

J. G. JAMIESON, M.A., B.M., B.Ch.,
D.C.H.

*Principal School Dental
Officer*

D. E. TAYLOR, L.D.S.

*School Medical Officers
(Full-time)*

IRENE M. HOLORAN, M.B., B.Ch.,
D.C.H.

GWENDOLINE F. PRINCE, M.B., Ch.B.,
D.C.H.

H. G. HUTTON, B.A. (Cantab.), M.R.C.S.,
L.R.C.P., D.P.H.

J. A. KELLY, M.B., Ch.B., B.A.O.
(Left 30-9-61)

MARY ALLEN, M.B., B.Ch., D.Obst.,
R.C.O.G., D.P.H.

MARIANNE H. WITT, M.D., L.R.C.P.
& S.(Ed.), D.P.H.

<i>School Medical Officers</i> (Part-time)	E. C. ILLINGWORTH, B.Sc., M.B., Ch.B., L.R.C.P., M.R.C.S. M. ELISABETH JAMIESON, M.R.C.S., L.R.C.P. HAZEL M. COLERIDGE, M.B., B.Ch ELIZABETH A. COLVILLE, M.B., B.S. EILEEN D. WATKINS, M.B., Ch.B. (Left 13-7-61) E. COUPLAND, M.R.C.S., L.R.C.P. (Commenced 3-10-61) RUTH M. CHIPPINDALE, M.A., M.B., B.Ch., M.R.C.S., L.R.C.P., D.C.H. (Commenced 27-11-61)
<i>Ophthalmologists</i> . . .	W. W. BALLARDIE, M.D., Ch B. J. L. WOOD, M.R.C.S., L.R.C.P. A. C. HAYES, D.O., M.B., B.Ch
<i>Orthodontist</i>	J. MILLER, L.D.S.
<i>School Dental Officers</i> (Full-time) <i>Present Staff</i>	{ P. ATKINSON, L.D.S. Miss M. B. COGAN, B.Ch.D., L.D.S. R. F. GRAINGER, B.Ch.D., L.D.S. P. IRVINE, L.D.S. P. NORMAN, L.D.S., B.Ch.D. F. SZTRODL, M.D. Mrs. J. M. MARTIN, L.D.S. (Left 1-12-61)
<i>School Dental Officers</i> (Part-time)	. . Mrs. H. M. ASH, B.D.S. (Commenced 5-1-61 Left 18-5-61) Mrs. J. M. MARTIN, L.D.S. (Commenced 4-12-61)
<i>Pre-School Deaf Clinic</i> . .	Mrs. K. H. NEWLAND, Teacher of the Deaf (Part-time)
<i>Superintendent Health Visitor</i> and <i>School Nurse</i>	Miss J. M. AKESTER
<i>Deputy Superintendent Health</i> Visitor and <i>School Nurse</i>	Miss E. WILSON
<i>Senior Assistant</i> . . . . .	. . G. VALLENDER
<i>Chiropodist</i> . . . . .	. . Mrs. JOAN BEEL, N.Ch.S.
<i>*Dispensing Opticians</i> . .	H. DAVIS, F.A.D.O. Mrs. J. BOLTON, A.B.O.A. (Part-time)

SCHOOL HEALTH SERVICE STAFF *(continued)*

<i>Speech Therapists</i> .. ..	..	Mrs. B. JACKSON, L.C.S.T. Miss S. F. WILLIAMS, L.C.S.T. Mrs. A. M. CROSSWAITE, L.C.S.T. Mrs. P. H. BLACK, L.C.S.T.
<i>*Orthoptist</i> .. ..	..	Miss B. KELLY, D.B.O. (Left 8-1-61)
<i>School Nurses</i> .. ..	..	24
<i>Physiotherapists and Remedial Gymnasts</i> ..	..	5
<i>Oral Hygienists</i> .. ..	..	2
<i>Clinic Assistants</i> .. ..	..	8
<i>Dental Attendants</i> .. ..	..	11

CHILD GUIDANCE

<i>Senior Educational Psychologist</i> .. ..	..	P. C. LOVE, M.A., Ed.B., A.B.P.S.
<i>Educational Psychologist</i> ..	..	E. BOWSKILL, B.A. (Commenced 1-7-61)
<i>Social Workers</i> .. ..	..	Mrs. M. GOULD, B.A., Dip.Soc.Studies Mrs. E. MYERSON, Dip.Soc.Studies Mrs. H. STEPHENSON, Dip.Soc.Studies Mrs. J. THOMPSON, B.A.
<i>Remedial Teachers</i> .. ..	..	R. NEWMAN, Dip Prim.Educ. Miss E. NICHOLSON A. RICHARDSON, Dip.Ed.Psy., L.R.A.M., A.R.C.M., A.R.C.O. Miss J. SANDFORD (Commenced 10-1-61) J. HILL (Commenced 10-1-61)

CONSULTANTS

<i>*Ear, Nose and Throat Surgeon</i>		T. McM. BOYLE, F.R.C.S.
<i>*Orthopaedic Surgeon</i> ..	..	J. M. P. CLARK, M.B.E., F.R.C.S.
<i>*Ophthalmic Surgeon</i> ..	..	J. SHERNE, M.B., Ch.B., F.R.C.S., D.O.M.S.
<i>Paediatric Consultants</i> ..	..	Professor W. S. CRAIG, B.Sc., M.D., F.R.C.P.E., F.R.S.E. Dr. E. C. ALLIBONE, M.D., F.R.C.P., D.P.M.
<i>Oral Surgeon</i> .. ..	..	Professor T. TALMAGE READ, F.R.F.P.S., F.D.S., R.C.S., L.R.C.P.

* Appointed by the Regional Hospital Board.

Return of Number of Children on Roll at 31st January, 1961

Type of School	Number of Schools	Number of Departments	Number on Roll
<i>Primary—</i>			
County	81	139	36,082
Voluntary	42	58	13,246
<i>Secondary—</i>			
Modern	39	43	17,658
Grammar	9	9	5,998
Technical	3	3	1,750
<i>Comprehensive</i>	2	2	2,754
<i>Special—</i>			
Educationally Sub-Normal ..	5	5	524
„ „ Classes (2)	—	—	49
Physically Handicapped ..	2	2	135
Deaf and Partially Deaf ..	1	1	112
Partially Sighted Class (1)	—	—	15
<i>Other—</i>			
Nursery	1	1	101
TOTALS	185	263	78,424

LADIES AND GENTLEMEN,

I present herewith the report of the School Health Service for the year ended 31st December, 1961.

In my report for 1960 I said that the special programme of polio immunisation had been completed in that year. However, in 1961, the Ministry of Health recommended that a fourth " booster " injection of Salk vaccine should be given to children of school age because they were regarded as a group at special risk. Arrangements for polio vaccination during the year were complicated by a national shortage of Salk vaccine in the autumn and winter but these fourth injections were virtually completed before the shortage occurred. The shortage was due in part to the fact that the manufacturers of Salk vaccine (which is given by injection) were turning their resources to the manufacture of the Sabin vaccine (given by mouth). It seems clear that in the future the Sabin type will completely replace the Salk vaccine with a consequent simplification of our immunisation arrangements. For the second consecutive year there was no case of polio among the Leeds school children. The incidence of other infectious diseases remained low.

It has been customary to carry out routine medical examinations of school children at entry, before leaving, and at an intermediate age. Because of the improvement in the general standard of health of our school children, the intermediate examinations bring to light very few conditions requiring treatment which had not been detected at entry. In consequence, thoughtful critics of the School Health Service have recently suggested that routine intermediate examinations should be given up and replaced by a more frequent examination of those children known to require medical treatment, and by examinations of children brought forward by teachers or parents as being possibly in need of medical attention. A trial of this system was made at several Leeds schools and has been found to work well. It should be emphasised that the abandonment of intermediate examinations does not in any way lessen the work of the School Health Service but has the effect of redirecting the school medical officers' work into more profitable channels.

The end of 1961 saw the retirement of Mr. George Vallender, the senior assistant. Mr. Vallender had been associated with the School Health Service since its inception in 1909. He had taken an active part in the growth of the service and had an encyclopædic knowledge of the administrative aspects of the school health service. I personally owe him a considerable debt of gratitude.

Once again it is a pleasure to acknowledge the help given to the school health service by our colleagues in the Education Department and by the teachers and staff in the schools.

I wish to tender my personal thanks and those of my staff to the Chairman and Members of the Education Committee and to the Special Services Sub-Committee for their unfailing courtesy and encouragement.

I am,

Ladies and Gentlemen,

Your obedient servant,

D. B. BRADSHAW,

Principal School Medical Officer.

March, 1962.

STAFF

Medical Staff	One full-time officer left and has not been replaced.
Nursing Staff	Four nurses resigned and have been replaced.
Physiotherapy Staff	There has been no change during the year.
Speech Therapy Staff	There has been no change during the year.
Child Guidance Staff	One educational psychologist and two remedial teachers have been appointed.
Dental Staff	One part-time officer left during the year and one full-time officer became part-time only.

SCHOOL CLINICS

In addition to the central clinic at the Education Offices, there are twenty-three branch clinics in the city. Consultants to the Authority hold their sessions at the central clinic and it is here that the school medical officers carry out most of their intelligence testing of backward and delinquent children. There are also facilities for physiotherapy, speech therapy, refraction and orthoptic treatment, dental treatment and pre-school clinics for spastic children and deaf children.

The following is a list of the branch clinics together with details of the treatments which are available at each.

Branch Clinics

Branch Clinic and Address	Treatment Given
Abbey Grange C. of E. Sec. School	Minor ailments.
Arinley (Town Street)	Minor ailments, physiotherapy, speech therapy, refraction, dental treatment
Beckett Street C.P. School ..	Minor ailments
Braim Wood C.S. School ..	Minor ailments
Burley (Willow Road)	Minor ailments, physiotherapy, refraction, speech therapy, dental treatment
East Leeds (Harehills Lane) ..	Minor ailments, physiotherapy, refraction, speech therapy, dental treatment
Burmantofts (Burmantofts St.)	Speech therapy
Hawthornthwaite C.P. School ..	Minor ailments
Holbeck (Hunslet Hall Road) ..	Minor ailments, physiotherapy, speech therapy, refraction, dental treatment
Hunslet (Jack Lane)	Minor ailments, physiotherapy, dental treatment
Ireland Wood C.P. School ..	Minor ailments
Iveson House C.P. School ..	Minor ailments
Meanwood (Meanwood Road) ..	Minor ailments, speech therapy, refraction
Bramley (Town End)	Minor ailments
Coldcotes (Coldcotes C.P. School)	Minor ailments
Cross Gates (Methodist School Room)	Minor ailments
Seacroft Grange C.P. School ..	Minor ailments, dental treatment
Halton Moor (Halton Moor C.P. School)	Minor ailments
Middleton (Middleton Park Avenue)	Minor ailments, speech therapy, dental treatment
Park Square (M. & C.W. Clinic, Park Square)	Dental treatment
Roundhay Road (Roundhay Road C.P. School)	Dental treatment
Leafeld (King Lane)	Dental treatment, minor ailments, physiotherapy, speech therapy
Parklands C.P. School	Minor ailments

PERIODIC EXAMINATIONS AND GENERAL CONDITION

For some time consideration has been given to the alterations that could be made in the whole question of routine examinations. Until recently it was thought essential to examine children at least three times during their school career and many children were examined even more often. The health of the children has improved so much during the last few years that the majority of children should require only two full examinations during their school life, allowing more time to be spent on those requiring special attention. In addition it is considered that the present examination during the fourth year in the secondary school occurs too late. Enquiries were made into several schemes operated by other authorities and two trial schemes were operated in Leeds. As a result, the following scheme was evolved :-

Two full routine examinations are to be held, one during the first year in the infant school and one during the first year in the secondary school. Two special routine examinations for a few selected children will be held during the first year in the junior school and during the fourth year in the secondary school. Thus more time will be spent on those children who present problems, while adequate supervision will still be available for the remaining children. A small trial has been held in two schools and the scheme will now be put into general operation. It is not yet clear whether a reinspection of all children in the fourth secondary year will be necessary, in place of the old "leavers" examination. This point would probably be cleared up with further experience of the scheme.

During the year 21,439 children were examined at routine inspection. The number found to be in unsatisfactory condition remains small (0.7 per cent.). The number of defects requiring treatment was 1,671. The majority of these were referred for treatment by the family doctor. Where some educational problem was involved further investigation such as audiometry or visual testing or ascertainment of mental ability was necessary.

Vision testing is carried out each year in the infant and junior schools and will now be carried out in the first and fourth year in the secondary schools.

It is hoped in future that more time will be available to discuss with head teachers the problems which affect adversely certain children's progress. There are still a number of children who are absent for long periods with little cause and whose educational progress is greatly impeded. It is felt that by more concerted action by the school, the welfare officer and the medical officer, a better attendance might be effected.

For the first time, a full routine examination was carried out at the request of Leeds Grammar School. The headmaster and the senior school medical officer discussed the matter and it was decided to carry out a full routine examination on two age groups. The health of the boys was generally satisfactory.

MINOR AILMENTS

The number of children requiring minor ailment treatment remains substantially the same. The number of cases of scabies fell from 87 to 32. Impetigo has also been less prevalent and the extremely contagious type so commonly seen before the war seems to have disappeared. Another condition which has not been noted for some years is "pink eye" which at one time used to sweep through whole classes and schools. Cases of conjunctivitis are seen but are usually unilateral and only rarely are several children in one class affected.

OTOLOGICAL SERVICES

Mr. Boyle attended weekly at the central clinic and visited Elmete Hall School each term. Seventeen children were recommended for admission to Elmete Hall and twenty-nine for treatment by the teacher of the pre-school deaf children. As far as possible only children with defective hearing are seen at this clinic. All children are given a pure tone audiometric test before examination or such clinical tests as may be necessary according to age. A number of children were referred for further audiometric testing, either for a bone conduction test or for speech audiometry. This was carried out by Mr. Hughes, the audiometrician at the General Infirmary, who very kindly gave a full report on each case referred.

Ten children who failed to respond to the tests given by the health visitors trained for the purpose, were referred by medical officers from the Maternity and Child Welfare clinics. The majority of these children after examination by Mr. Boyle were referred to the pre-school clinic for further observation.

A conference was held to discuss the Ministry of Health circular 23 61 (Young children handicapped by impaired hearing). The arrangements in Leeds have proved to be satisfactory and were in accordance with the recommendations laid down in the circular. The problem of testing the "risk group" of infants was discussed.

This group comprises about 20 per cent. of all births and it has been suggested that all the group should have a special examination and follow-up since they are the group containing the highest number of children with congenital defects, including defective hearing. This would entail a special examination of some 1,500 infants which was considered to be impracticable at present but health visitors and medical officers in the School Health Service and Maternity and Child Welfare Service are well aware of the existence of this group and children "at risk" are kept under close supervision.

Audiometry

Routine audiometric testing was continued in school by specially trained nurses for the whole of the six to seven year old age group, and also for other children suspected by their teachers of being deaf.

One hundred and seventy-two visits were paid to schools, and 8,130 children were tested, of whom 331 gave unsatisfactory responses. The parents of the latter were offered further investigation at the audiology clinic and 182 accepted the offer.

Of those seen at the audiology clinic, 33 were referred to Mr. Boyle's weekly clinic, 22 were referred to branch clinics for minor treatment, and 142 were eventually discharged.

Many of these children will continue under the observation of their family doctors for varying degrees of upper respiratory infection. All will be followed up by the medical officers in school, so that any recurrence likely to affect their educational progress may be given attention.

Pre-School Deaf Clinic

Forty-three children are now on roll in this clinic. Some of the children are seen in the central clinic, others are visited in their homes. The teacher, Mrs. Newland, works part-time at Elmete Hall School and is able to maintain contact not only with the children but also, an important point, with her colleagues. A special aid in which sound intensity can be varied for different pitches was tried at the clinic. Considerable success with at least two children was obtained.

The fact that more infants were admitted to Elmete Hall, owing to the appointment of a class assistant, has eased the pressure on the pre-school clinic. It was becoming difficult to see the children at frequent enough intervals so that there tended to be regressions between visits. The situation has now improved.

OPHTHALMIC SERVICES

Mr. Sherne attended weekly for consultations. He also visited the partially sighted class at Beckett Park at regular intervals.

Children who require operation are placed on the waiting list for St. James's Hospital. Since the orthoptist has not yet been replaced, the orthoptist at the General Infirmary has very kindly examined a number of children at Mr. Sherne's request.

When a child is found to have a high refractive error associated with symptoms, a squint or amblyopia it is recommended that the other children in the family be examined. This policy has now been carried out for a number of years and it is remarkable how many unsuspected eye defects come to light in this way.

The following table shows the work of the ophthalmic department for the year.

New Cases		No. ordered spectacles	No. referred for operation	No. of cases with squint
Pre-School	School			
257	5,433	2,897	75	404

Opticians' Department

The Optical Department has been established for over 10 years, and the number of patients seen each year has remained fairly constant in relation to the number of opticians on the staff.

There has been one significant change during the year in the School Eye Service. Children between 10-16 years of age can now have lenses fitted without charge in cellulose acetate frames. During the six months this has been in operation, the demand for this type of frame which can be supplied in six colours is very encouraging. Repairs to this type of frame have to be paid for by the parent, so it will be interesting to see if the number of repairs decreases next year.

	1961	1960
Spectacles dispensed	2,125	2,055
Repairs and replacements	1,347	1,010
Adjustments - minor repairs	1,090	1,784
Total number of attendances	8,651	10,712

THE ORTHOPÆDIC SERVICE

The orthopædic clinic has been held each week as usual at the central clinic. Mr. J. M. P. Clark, F.R.C.S., attends every second or third Monday to see selected children. During the year 155 consultations have been held by Mr. Clark and a further 861 by Dr. Holoran, making 1,016 attendances in all. 584 children have been seen whereas the figure for 1960 was 629. Thus the gradual reduction in numbers seen during the years 1955-1960 has continued.

These figures do not include the children attending the Training Centres, Larchfield School for the cerebral-palsied and Potternewton Mansion School for the physically handicapped.

Of the 584 children seen in 1961, 92 were referred to the clinic from hospitals, 92 from other sources, chiefly school medical inspections, while 400 were children whose conditions were being followed up, after having been seen at the clinic prior to 1961.

The following table shows the conditions for which the children attended the orthopædic clinic :—

Sequelæ of Poliomyelitis	..	..	..	..	..	..	118	
Cerebral Palsy	..	..	..	..	..	..	97	
Congenital Defects :—								
Various (incidence 2 or 3)	..	..	..	..	..	18		
Pes Cavus	..	..	..	..	..	15		
Multiple Congenital Anomalies	..	..	..	..	..	10		
Talipes Equino Varus	..	..	..	..	..	9		
Dislocation or subluxation of hip	..	..	..	..	..	9		79
Metatarsus Primus Varus	..	..	..	..	..	9		
Structural Scoliosis	..	..	..	..	..	5		
Varus 5th toes	..	..	..	..	..	4		
Postural Defects :—								
Feet	..	..	..	..	..	47		
Spine	..	..	..	..	..	22		70
Torticollis	..	..	..	..	..	1		
Osteochondrosis of :—								
Hip	..	..	..	..	..	18		
Various	..	..	..	..	..	7		25
Results of injuries	..	..	..	..	..	..	..	20
Genu Valgum	..	..	..	..	..	..	..	10
Osteomyelitis and Suppurative Arthritis	..	..	..	..	..	..	..	10
								9
Tuberculosis of Bone	..	..	..	..	..	..	..	6
Other Conditions (incidence 6 or less)	..	..	..	..	..	..	..	48
Consultation and no treatment or observation	..	..	..	..	..	..	..	50
Transient symptoms	..	..	..	..	..	..	..	24
								584

The pre-school cerebral palsy clinic continues to occupy the time of 2 physiotherapists on 2 sessions a week.

30 children attended for physiotherapy during 1961.

2 children attended for speech therapy during 1961.

Both children and parents profit greatly from this comparatively simple provision, which also provides reasonable opportunities for some assessment of the children's capabilities.

PÆDIATRIC SERVICES

Close liaison was maintained between the School Health Service and the University Department of Child Health and Pædiatrics. Members of the University staff conduct sessions in the central clinic and medical officers attend out-patients on a rota basis.

At the request of the pædiatricians a number of children in hospital were examined by school medical officers for estimation of the intelligence quotient and advice on schooling.

CHIROPODY

Mrs. J. Beal, chiropodist, reports :—

The ill-effects on children's feet of wearing the fashionable pointed shoes are becoming apparent. Boys as well as girls are wearing this style of shoe, and are now complaining of corns on the toes, through one or another of their toes being forced into prominence. Hallux valgus (enlarged great toe joint) is also being noticed, because of the toe being pulled out of alignment with the rest of the foot. It is no use trying to treat and correct this condition if the child continues to wear the pointed shoe. This is explained to the child and parent if present, corrective and protective padding is used, and the patient seen every three or four weeks. If a better shaped shoe is worn, the condition is not likely to need surgical treatment. Ingrowing nails which are often the result of a narrower shoe have been treated frequently this year.

The incidence of verruca is about the same. The average number of visits for each child is six. For those taking or studying for G.C.E., appointments are so made that as little school time as possible is lost for them.

Once a child has had a verruca it is unusual to have another, but there are cases on record where a child has had a recurrence but not necessarily in the same place.

There are still cases of curling toes in younger children. Their toes are splinted with chiropody felt, and where the condition is not hereditary, results are reasonably good.

It is hoped that in the not too distant future the chiropody clinic will move to the central clinic in Great George Street, which would relieve the congested accommodation in the present premises.

The following table shows the year's work :

Chiropody 1961

Defect	New Cases	Attendances
Verruca	795	3,847
Defects of Feet	79	388
Corns, etc.	82	163
Total	926	4,398
Discharged : 616		

SPEECH THERAPY

Children with defective speech are referred to the central clinic for investigation and advice, in order that those who may be expected to benefit from speech therapy may be recommended for treatment.

During the year 544 children with speech defects were reported at school inspections, 217 were referred for investigation, of whom 123 were recommended for speech therapy. The remaining 94 children were recommended for further observation in school.

Four speech therapists are treating children at eight school clinics, at the school for physically handicapped children, and also, to a limited extent, at schools for the educationally subnormal. The number of children who received treatment during the year was 314. The waiting list for treatment has been much reduced and the period of waiting has been considerably shortened in comparison with previous years.

Children with Difficulties of Communication

A small number of children were examined who had difficulty in communicating by speech. This is not due to dysarthria, deafness or mental defect but is largely due to emotional causes. There is frequently a history of conscious or unconscious rejection by one or both parents. In one instance, failure to speak was due to the fact that the girl, an only child, had her mother as her sole companion. The mother being by nature silent and being busy with household chores rarely spoke to the child and consequently speech did not develop. Deafness was at first suspected but following interviews with the teacher at the pre-school deaf clinic the mother made a point of talking to the child with consequent rapid development of speech.

Other cases however were not so easily solved. The chief condition to exclude in these children is deafness. They are frequently thought to be deaf, being indrawn and failing to respond to auditory stimuli. Mental retardation and dysarthria have to be ruled out and many examinations and a long period of observation may be necessary.

One child will attend the class for maladjusted infants in the Child Guidance Centre. One child attends for intensive speech therapy. Two children attend residential schools. Three children attend the pre-school deaf clinic, since the methods used to encourage speech are very similar to those used with deaf children.

CHILD GUIDANCE SERVICE

Mr. P. C. Love, Senior Educational Psychologist, reports :-

The number of children referred to the Child Guidance Service in 1961 was 676, a considerable increase on the 403 children who were referred during the previous year. Approximately two-thirds of these referred children had some form of educational difficulty, whilst the remainder were exhibiting symptoms of emotional disturbance. At least half of the referred cases were of average intelligence, and their ages ranged from eighteen months to 23 years with a "peak" referral age range of nine years to ten years eleven months.

The majority of the pupils referred for educational difficulty were so backward in their reading attainments that it was unlikely that they could make satisfactory progress without special help. A particularly wide range of assistance was available for these backward readers this year. Some children visited the Child Guidance Centre for individual help, and others attended a special class at the Centre. 306 children were formed into small remedial groups in their own schools and were given help by one of the remedial staff. At the request of head teachers, the remedial staff also visited several junior schools and gave advice on the formation of special remedial groups. Another aspect of the educational service was the provision of trial periods of individual teaching for some of the more backward pupils in order to determine whether they might respond in an ordinary school or whether full-time special education was desirable.

During the year 207 children were referred with difficulties which appeared to be of an emotional rather than an educational nature. Among the more frequent symptoms of emotional disturbance were school refusal, pilfering, nocturnal enuresis, excessive timidity, and speech disorders. The symptoms themselves were merely an indication that a problem existed and as any one symptom may have been the outward manifestation of a variety of personality, social, physical, or habit disorders, a thorough investigation of each referred case had to be undertaken before reaching an adequate diagnosis of the child's problem.

This investigation was concerned with both the child's inherited traits and the many environmental influences which had affected him since birth. A typical investigation involved a home visit by one of the social workers, who obtained an account of the child's personal and family history. For many mothers this "talking out" with a skilled social worker was itself therapeutic, and the reduction of the mother's anxiety led to a reduction of stress within the family and hence benefited the referred child. The initial home visit was followed by an interview with a psychologist or one of the medical consultants, and at this time the child's abilities, attainments and temperament were assessed. It was then possible to decide whether the child was in need of treatment by the Child Guidance Service, or some other agency.

The treatment facilities included regular therapy for the children and a series of supportive interviews for the parents. A few of the children who were investigated at the Child Guidance Centre were assessed to be suffering from a particularly severe personality defect, and these cases were transferred to the Child Psychiatric Unit at St. James's Hospital.

The special day unit for maladjusted boys, which is attached to the Child Guidance Centre, has now completed its first full year of work. During 1961 it catered for 27 boys suffering from emotional disturbance of such a degree that they were unable to benefit from ordinary education. Although the emphasis of the day unit was on a more healthy social and emotional development, the more formal aspect of the boys' education was not neglected. Of the 11 boys who were discharged from the unit during the year, seven were able to resume full time attendance at ordinary schools, one removed to another area, one went to a special residential school, and two to approved schools. In view of the severity of some of these pupils' disturbances, these results were very satisfactory and the special facilities for maladjusted children will be extended in 1962.

As in previous years, a number of children with delinquent tendencies were referred to the Child Guidance Service by probation officers and by the Juvenile Court, and several children referred from other sources also had a history of delinquency. It would be misleading, however, to assume that all delinquents suffer from emotional disturbances and that they need child guidance treatment. The Child Guidance Service is primarily concerned with children who have educational or emotional handicaps and some of these children may be both delinquent and emotionally disturbed. The Child Guidance Service, by treating children who are suffering from a wide variety of educational and emotional handicaps, helps to prevent juvenile delinquency. It also provides a screening service for children who have been brought to the attention of either the Probation Department or the Juvenile Court and whose delinquency may be associated with emotional or educational factors.

INFECTIOUS AND CONTAGIOUS DISEASES

German measles was prevalent during the late summer and autumn.

Infective hepatitis was also prevalent particularly in the early part of the year. Several small outbreaks of an acute infection with gastro-intestinal symptoms occurred in various areas, and are thought to have been due to a virus. Towards the end of the autumn term influenza became widespread.

At one secondary school a member of the non-teaching staff was found to have an open tuberculous infection. As a precaution all the children were given a Heaf test and all positive reactors were X-rayed, along with the members of staff, all of whom volunteered for the examination. Fortunately no child appeared to have been infected.

The excellent co-operation of the school, the Mass Radiography Unit and the bus company enabled the whole scheme to be carried through very smoothly.

The following is a table showing results of the investigation :

Heaf Test	No. Negative	No. Positive	No. X-rayed
578	284	294	294

X-ray Examinations

It is generally considered essential to have a report on a recent X-ray of all new employees who are likely to come into close contact with children. The arrangements for X-ray of students leaving training college and university are quite satisfactory. The arrangements which have been made for entrants to the School Meals Service to attend at certain "exclusion" sessions are also working well. Difficulty arises with entrants to training colleges and persons entering the teaching profession who have not come directly from training college or university, and there is also difficulty in arranging for X-rays of caretakers and people in miscellaneous employments. The chest physicians and the M.M.R. Unit have been very helpful, but it appears that the facilities available are insufficient to meet these demands. The M.M.R. Unit is very frequently out of Leeds and it is quite possible for an intending teacher to be examined in January and not X-rayed for three or more months and this may also apply to other personnel. Representations have been made to the Regional Board and it is hoped that the position will improve in 1962.

CLEANLINESS OF PUPILS

For many years school nurses have visited every school three times a year to carry out cleanliness inspections. For the greater part of this year the number of visits to secondary schools has been reduced to one as it was felt that the older children were more capable of keeping themselves clean and also that the nurses' visits were causing too much disturbance of the school curriculum in the secondary schools.

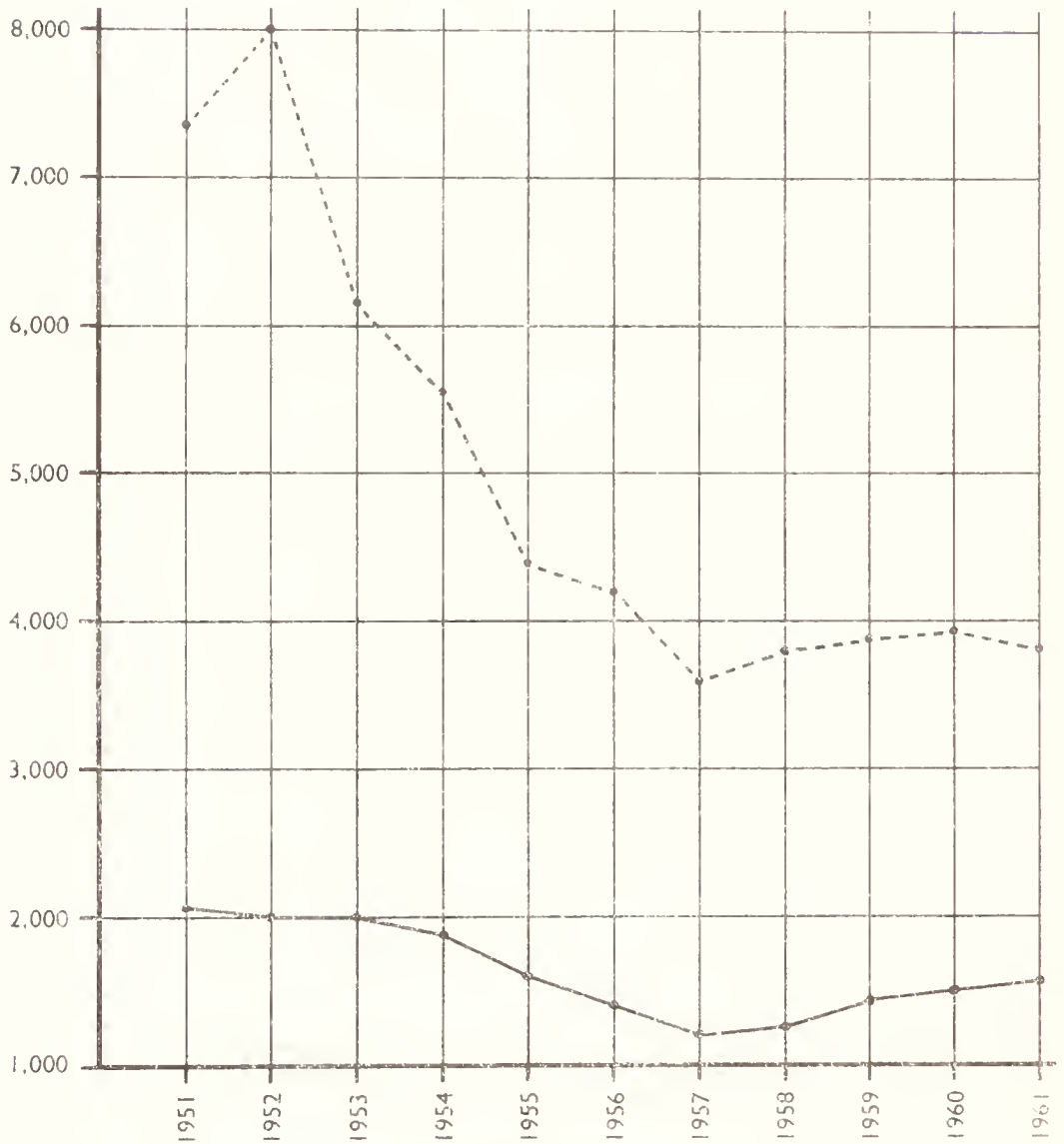
The reduction in the number of visits for this purpose has enabled nurses to give more time to the persistently neglected children and also to the testing of vision and hearing in the younger children. At the request of the school medical officer the nurses have also been devoting more sessions to foot examinations in order to detect defects, and particularly verruca, in the early stages. It has thus been possible for simple treatment to be given by nurses in the clinics and so prevent the chiropody clinic from being inundated with these cases at a later date.

The number of children seen by nurses at cleanliness inspection therefore fell to 240,887, compared with 253,731 in 1960.

Although fewer children were examined in 1961 the following graph indicates that the amount of uncleanness found remains about the same as the previous year. This would indicate that younger children are more liable to be unclean or verminous than are the older ones and that the reduction in the number of sessions spent on examining children in the senior schools is justified.

INCIDENCE OF UNCLEANLINESS 1951 to 1961

— Individual children found to be infested. ↗
- - - Individual children who have been excluded. ↘



POLIOMYELITIS VACCINATION

In the early part of the year the Ministry of Health advised that a fourth poliomyelitis injection was needed to re-inforce immunity. The treatment was restricted to school children under 12 years of age but it is anticipated that those over 12 years of age will be dealt with in the near future.

Parents of children who had previously had three injections, either at school or by the family doctor, were given the opportunity of signing their consent to the fourth injection. The response was good and before the schools closed for the midsummer vacation a total of 20,016 children had been given the injection in schools. In addition to this number there were many who received the injection from the family doctor. Whilst this result is quite good, there is still room for improvement.

Some parts of the country have recently had outbreaks of poliomyelitis, some quite serious, but there has been very little in Leeds. How much this is due to the immunisation state of the community it is difficult to say.

B.C.G. VACCINATION

The inoculation of children against tuberculosis has continued throughout the year. Parents of children over 13 years of age were given the opportunity of signing consent forms authorising the Committee to investigate and where necessary to give their children protection. A test is first given which reveals those children who are positive and thereby have a natural protection and those who are negative. The latter are given a B.C.G. inoculation which gives them protection and converts them to positive.

During the year, 5,800 children were given the test, of whom 872 were found to be positive and 4,590 negative. 4,590 were given B.C.G. inoculation (338 were absent on the second visit when readings were taken, and will be treated later).

This number is much lower than last year but this does not mean that fewer parents are taking advantage of the opportunity to have their children inoculated. When the tests were resumed in 1960 there had been a lapse of nearly two years when B.C.G. inoculation had been suspended so that the campaign for poliomyelitis vaccination could proceed without interference. Consequently there were about three age groups of children who were given the opportunity to have B.C.G. in 1960. This year there has only been one age group—namely those between 13 and 14 years of age—the older children having had the opportunity last year.

The following table summarises the tests carried out in 1961 :-

Colleges and Schools	No. given Heat Test	Positive	Negative	Absentees	No. given B.C.G.
Colleges (Full-time Students)	264	124	110	30	110 (41.6%)
Secondary Grammar & Technical	1,982	269	1,588	125	1,588 (80.1%)
County Secondary & Comprehensive	2,065	261	1,710	94	1,710 (82.8%)
Primary	1,489	218	1,182	89	1,182 (79.5%)
TOTALS	5,800	872	4,590	338	4,590 (79.1%)

HEALTH EDUCATION

There are now seven health education officers attached full-time to secondary modern schools. A further seven peripatetic teachers serve 39 other schools. It is hoped that more teachers will be appointed so that each girls' secondary modern school and each all-age school will be covered.

A specimen syllabus is to be found in appendix III. The method of approach and the time devoted to each subject varies a great deal with each teacher and with the schools. Sizes of classes vary and this often determines the way in which some of the subjects can be tackled.

There is a real need to provide similar teaching in boys' schools but it is not clear how this can best be done.

The health education officers held a one day conference in the Yorkshire Training College of Housecraft which was also attended by Miss Keeling, the organiser of domestic science, and the Senior School Medical Officer. Miss McWillie, a former lecturer in the College, spoke on the methods used in teaching health education at the College of Housecraft. A discussion followed and there was a demonstration of teaching aids used in the College. In the afternoon three officers gave an account of the courses they had attended. This exchange of views and information was very valuable.

At regular intervals the health education officers meet the domestic science organiste and the senior school medical officer. Discussions are held on a variety of topics and a speaker has been invited on certain occasions. Visits have been made to the Child Guidance Centre, to the Branch College of Institutional and Domestic Economy and to the A.D. clinic at the General Infirmary. A visit was made to study the Sheffield pre nursing course.

In the schools the work of the health education officer is not limited to following a rigid syllabus. Because of her training and experience she is well equipped to deal with the various problems which worry individual girls. She can also co-operate easily with other workers who have connections with the girls through the psychiatric, psychological or probation services.

She is admirably placed to observe early signs of instability or emotional disturbance in any of the pupils and can play an important part in the prevention of mental ill health and the promotion of good health of both body and mind.

HANDICAPPED PUPILS

(Position on the 20th January, 1962)

Blind									
Placed in residential schools	..	..	..	..	..	..	..	..	11
Partially Sighted									
Placed in special class	..	..	..	..	..	..	..	..	15
Placed in residential schools	..	..	..	..	..	..	..	..	5
Deaf									
Placed in day school for deaf	..	..	..	..	..	..	..	..	37
Placed in residential schools for deaf	..	..	..	..	..	..	..	..	17
Partially Deaf									
Placed in day school for partially deaf	..	..	..	..	..	..	..	..	37
Placed in residential school for partially deaf	..	..	..	..	..	..	..	..	6
Delicate									
Placed in residential schools	..	..	..	..	..	..	..	..	25
Having home tuition	..	..	..	..	..	..	..	..	3
Diabetic									
Placed in ordinary schools	..	..	..	..	..	..	..	..	18
Physically Handicapped									
Placed in day school for physically handicapped	..	..	..	..	..	..	..	..	117
Placed in residential schools for physically handicapped	..	..	..	..	..	..	..	..	29

Educationally Sub-normal

Placed in day schools for E.S.N.	..	..	..	..	..	624
Placed in residential schools for E.S.N.	..	..	..	..	..	44

Epileptic

Placed in residential schools	..	..	..	..	..	5
Placed in ordinary schools	101

Maladjusted

Placed in residential schools	21
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Speech

Placed in residential schools	2
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HANDICAPPED CHILDREN

(1) Blind and Partially Sighted

Eighteen children are placed in residential schools for the blind or partially sighted as follows:—

Chorleywood College for the Blind, Herts.	..	..	..	..	1
Henshaw's Institution for the Blind, Manchester	..	..	..	..	5
Preston School for Partially Sighted	..	..	..	..	2
Royal Normal College for the Blind, Rowton Castle	..	..	..	..	2
St. Vincent's R.C. School for Partially Sighted, Liverpool	..	..	..	..	3
Sheffield School for Blind	..	..	..	..	4
Worcester College for Blind	..	..	..	..	1

Fifteen children attend the class for the partially sighted at Beckett Park C.P. School. In general partially sighted children remain in the ordinary school until they begin more formal work in the upper infant or lower junior school. During the early period the objects they handle and the pictures and letters that they look at are large and easily identified. When formal lessons begin with small print and blackboard work even the very intelligent children may begin to lag behind. It is then necessary to transfer the child to a partially sighted class or school. The majority of junior partially sighted children attend the day class attached to Beckett Park C.P. School. There they are able to work at their own pace with more individual attention. Reading material is not easy to provide partly because very few advanced reading books are printed in large type. There is also the difficulty that by using large type fewer words can be read at one time and fluent reading is very difficult to achieve. Copies of a school bulletin in large print issued in New Zealand were very kindly presented by the New Zealand Department of Education and proved of great value.

The older children are able to attend the classes in the ordinary school once they have mastered the basic work. Mathematics always, however, proves difficult for them.

Educational progress has been extremely good during the year, largely owing to the enthusiasm of the class teacher and the great interest shown by the headmaster. The class is in all respect an integral part of the school.

The ophthalmic consultant and the senior school medical officer attend at regular intervals to discuss the proper placing and progress of the children with the head teacher and class teacher. Children are placed in residential schools for a variety of reasons.

(2) **Partially Deaf and Deaf**

Fifteen children are placed in residential schools as follows :

Burwood Park School, Walton-on-Thames	..	..	..	..	..	2
Mary Hare Grammar School	..	..	..	..	..	1
Odsal House Special School	..	..	..	..	..	3
St. John's Institution for the Deaf, Boston Spa	..	..	..	..	..	9

DEAF

Twenty-two Leeds children, who are profoundly deaf, attend Elmete Hall School.

PARTIALLY DEAF

Forty-two Leeds children and 39 children from other authorities attend Elmete Hall School.

SCHOOL FOR PARTIALLY DEAF, ELMETE HALL.

The equipment in the classrooms and other rooms is functioning satisfactorily. Technicians from the audiology unit at St. James's Hospital visit the school at regular intervals to supply and maintain the hearing aids. Mr. Boyle, the E.N.T. consultant and the senior school medical officer visit the school at regular intervals.

The appointment of an extra class assistant has made it possible to admit more infants.

Towards the end of the autumn term a number of children developed influenza. It was felt unwise for some of them to travel home by train and arrangements were made for some children to travel by car. One child was considered unfit to travel and spent Christmas in hospital.

(3) **Delicate**

Twenty-eight children are placed in residential schools :—

Children's Convalescent Home and School, West Kirby	..	21
Oak Bank Open Air School, Sevenoaks	.. .. .	1
Park Place, Henley-on-Thames	.. . . .	2
St. George's Hostel, Salford	.. .. .	1
St. John's Open Air School, Woodford Bridge, Essex	.. .. .	3

The number now attending West Kirby has justified using a bus for transport, in conjunction with the West Riding Local Authority.

The majority of delicate children suffer from asthma or recurrent respiratory infections. A few, however, have been recommended for open air schooling on the grounds of unsatisfactory conditions at home resulting in poor physical condition. A number of children are sent for varying periods to the convalescent section at West Kirby.

The Hollies closed at Easter. This home had long served a very useful purpose and the lack of any open air facilities close to Leeds is to be regretted. Some parents were unwilling to allow their children to be placed far from home but accepted admission to the Hollies.

(4) **Educationally Subnormal**

Forty-four children are placed in residential schools as follows :—

Aldwark Manor Boarding Special School, York	.. .. .	3
Allerton Priory R.C.	.. .. .	2
All Souls' R.C.	.. .. .	1
Besford Court R.C.	.. .. .	6
Crowthorn Residential	.. .. .	2
Etton Pasture School for E.S.N. Children, Beverley	.. .. .	3
Hilton Grange School, Old Bramhope	.. .. .	3
Hindley Hall Special School, Stocksfield, Northumberland	.. .. .	3
Irton Hall School, Holmbrook, Cumberland	.. .. .	1
John Duncan School, Buxton	.. .. .	2
Orton Hall School, Peterborough	.. .. .	1
Rossington Hall School, Doncaster	.. .. .	13
High Close School, Wokingham	.. .. .	1
Thorn Garth Hostel, Bradford	.. .. .	2
Rudolf Steiner Schools, Aberdeen	.. .. .	1

There are now five schools for educationally subnormal children and three special classes attached to Wykebeck C.P. School. Hunslet Lane is a senior mixed school, drawing on all the remaining E.S.N. schools. Cardinal Square School admits only juniors, while the remaining schools are all-age schools. The age at which children transfer from class to class, or junior to senior school, cannot be rigid. A number of factors have to be considered, such as educational attainment, physical size, maturity and stability. These are all weighed up and frequently discussed by the head teacher, class teacher and medical officer.

In addition to these schools, a school medical officer visits St. Bernadette's R.C. F.S.N. School regularly.

(5) Epileptic

Four children are placed in residential schools for epileptic as follows :

Colthurst House School, Alderley Edge	2
Langfield Hospital School, Lingfield	2

Other epileptic children attend ordinary schools. It is not always easy to advise schools on the restrictions necessary for these children. Many have fits only at rare intervals, others have nocturnal epilepsy. It would be wrong therefore automatically to forbid swimming and apparatus work to all these children and some of them are allowed a full regime.

(6) Maladjusted

Twenty children are placed in schools for the maladjusted as below :

Broadview House School, Hayling Island	..	..	..	..	2
Chargeley School, Nr. Warrington	..	..	..	..	1
Clwyd Hall School, Ruthin, N. Wales	..	..	..	..	2
Eden Grove School, Bolton, Nr. Appleby	..	..	..	..	3
The Larches Hostel, Preston	..	..	..	..	1
Breckenbrough School, Thirsk	..	..	..	..	2
Peredur Home School, E. Grinstead	..	..	..	..	2
The Poplars, Broadoak, Glos.	..	..	..	..	1
St. Joseph's School, East Finchley	..	..	..	..	1
St. Mary's School, Bexhill-on-Sea	..	..	..	..	1
Sir Thomas More School, East Allington, Devon	..	..	..	..	1
Salesian School, Longhope, Glos.	..	..	..	..	1
William Henry Smith School, Brighouse	..	..	..	..	2

20

In addition 21 children attend the day unit attached to the Child Guidance Centre.

A number of maladjusted children are able to attend ordinary school while receiving treatment at the Child Guidance Unit or at the Department of Child Psychiatry at St. James's Hospital.

The Child Guidance Unit continued to function as in former years. A full report of its activities appears in the report of the Chief Education Officer.

It is hoped that in the near future regular psychiatric services will become available. The new Department of Child Psychiatry in St. James's Hospital has already proved of value.

(7) **Physically Handicapped**

Ten children are placed in residential schools as follows :—

Ian Tetley Memorial Hospital, Killinghall	2
Bethesda Residential School, Cheadle, Cheshire	1
Holly Bank Special School, Huddersfield	2
Lord Mayor Treloar College, Alton, Hants.	1
Talbot House School, Glossop	1
Welburn Hall, Kirby-Moorside	1
Wilfred Pickles School, Tixover Grange, Stamford	2

The children attending these schools are either very severely handicapped or it has been found impossible to cope with them at home.

Dr. I. M. Holoran reports on Potternewton Mansion day school for physically handicapped children as follows :—

On 31st December, 1961, there were 115 children on roll at Potternewton Mansion day school for the physically handicapped. In 1960 there were 113 and in 1959 there were 121 on roll on 31st December.

Twenty-seven children were admitted to the school for the first time during the year including two from Larchfield School.

Four children were re-admitted, two after a period in hospital school for reconstructive surgery, two who had previously left Leeds.

The children's physical disabilities are classified as follows :—

Cerebral Palsy	26
Sequelæ of Poliomyelitis	19

Congenital Deformities (other than congenital heart lesions) :—

Meningocele or Spina Bifida	9	19
Kypho-scoliosis	5	
Dislocated Hip	2	
Absence of Radii	1	
Anomalies of L. leg and L. arm	1	
Anomaly of Bladder	1	

Heart Disease :—

Congenital	10	11
Rheumatic	1	
Hamophilia	7	
Muscular Dystrophy	7	
Pseudocoxalgia	5	
Neoplasms	4	
Sequelæ of Osteomyelitis and Suppurative Arthritis	2	
Slipped Femoral Epiphysis	2	
Progressive Spinal Muscular Atrophy	2	
Tuberculosis of Bone	1	
Sequelæ of Tubercular Meningitis	1	
Sequelæ of Fractured Pelvis	1	

Sequelæ of Fractured Femur	1
Amputation after Pseudoarthrosis of Tibia .. .	1
Brodie's Abscess	1
Genu Valgum	1
Osteochondrosis Dissecans	1
Duodenal Ulcer	1
Chronic Nephritis	1
Bronchiectasis	1
	<hr/>
	115

Of the children who need help with toileting .

Ten are chairbound and of these one is incontinent.

Two others are incontinent, i.e. are in napkins.

Three have had ileal bladder operations and require supervision of their appliances.

One has had a colostomy as well.

Eight others need supervision to ensure more frequent visits to the toilet than usual.

The arrangements for the medical supervision of the school remain the same. Mr. J. M. P. Clark, F.R.C.S., visits the school as orthopaedic consultant, Dr. Buchanan and Dr. G. Lewis attend as paediatricians, while Dr. Holoran visits on these and other occasions. Close co-operation is maintained between the medical team and the teaching staff through the headmaster. Parents are encouraged to attend at various times for help and advice. Three physiotherapists, one part-time speech therapist, a nurse with orthopaedic experience and two general attendants complete the medical team.

Terman Merrill intelligence tests have been carried out for 15 children during the year, a number of these being cerebral palsied children whose abilities are usually reviewed every two years.

29 children were taken off the school roll during 1961. The following table gives the details of their disposal :

To work	10	} 19
To Branch College of Commerce	3	
To primary schools	6	
To long-stay hospital schools	2	} 9
Left Leeds	7	
Died (congenital heart disease)	1	

Thus 19 of the 29 became physically fit for a comparatively normal life, while nine still may do so.

Larchfield School for Cerebral Palsied Children

Of the 20 children on roll on 31st December, 1961, 19 came from Leeds and one from the West Riding of Yorkshire.

During the year four children left the school. One child left Leeds for Cyprus. The other three had reached the age limit for Larchfield School, two being transferred to Potternewton Mansion day school for the physically handicapped, and one to Holly Bank residential school for the cerebral palsied at Huddersfield. One child died.

Four children have been admitted during the year.

The general arrangements for the medical supervision of the school continue as before, the team consisting of Mr. Clark, F.R.C.S., Dr. G. Lewis and Dr. Holoran. The intelligence quotients of twelve children have been rechecked during the year. Each child is reviewed by every member of the staff at the joint staff meetings held each term. Appropriate records are kept.

Lectures and Visits

Pædiatric students are given a talk by the Senior School Medical Officer on the function of the School Health Service and they visit certain special schools, usually with a school medical officer.

Candidates for the health visitors certificate are shown the many activities of the School Health Service and are given talks, lectures and demonstrations by the medical officers.

A number of persons, both medical and non-medical, ask for information on particular aspects of the service in the course of working for diplomas or higher degrees, or for research.

Candidates for the diploma in public health are also given talks and visit special schools accompanied by a school medical officer.

Talks have also been given by medical officers to parent-teacher associations, evening classes and at the Branch College of Commerce.

MISCELLANEOUS EXAMINATIONS

In addition to examinations for the investigation and treatment of defects, many examinations for special purposes have taken place.

The following is a summary of such examination

Candidates for Carnegie College of Physical Education (special examination)	..	..	..	205
For admission to Training College	..	..	..	266
On leaving Training College	..	..	..	500
New appointments (including superannuation cases)	..	..	..	350
Boarded-out Children	..	..	..	363
At the request of the Juvenile Court	..	..	..	205
On taking up part-time employment	..	..	..	2,000
Prior to going to Holiday Camp	..	..	..	633
For theatrical licences	..	..	..	52
Prior to attending pre-nursing course	..	..	..	24
Prior to adoption	..	..	..	17
Others	..	..	..	5
Total	..	..	..	4,633

Boarded-Out Children

Dr. Prince reports that the majority of these children appear to be settling with their foster parents and are physically well. Naturally, some of the children have a very disturbed background and a satisfactory placing is not easy at first.

Examinations at the request of the Juvenile Court

Two hundred and five boys and girls were examined. The court asks for a report stating whether the child is fit for approved school and a medical report to forward to the school. The boys are seen at the remand home where an opportunity occurs to discuss their problems with the head master. After having carefully considered the school report and the medical record a report regarding suitability for approved school is then submitted to the court. The majority of children are considered fit for approved school but occasionally it is necessary to suggest to the court that the child might not be able to manage in such a school. This might be on physical or mental grounds. In some cases where residential E.S.N. school was preferable, offences were repeated and the child had to be sent to an approved school after all.

Part-Time Employment

Each child wishing to do part-time work out of school hours is examined by a school medical officer in order to satisfy the Committee that the employment will not be detrimental to the child's health. The child's previous medical history is taken into account in reaching a decision.

Prior to going to Holiday Camp

These examinations are carried out on behalf of the Leeds Holiday Camp Association who send a party of children every fortnight to their camp at Silverdale. As these are children who would not otherwise have a holiday, they usually come from poor homes. A medical examination is therefore essential.

MILK IN SCHOOLS

The daily distribution of milk to every child attending school continues. That milk still retains its popularity is indicated by the figures below which show the total number of bottles consumed during each of the last six years :—

1956	..	13,024,610	bottles
1957	..	12,808,382	..
1958	..	13,093,479	..
1959	..	12,978,472	..
1960	..	13,167,818	..
1961	..	13,246,124	..

Whilst the percentage of children taking milk varies in the different types of schools, the overall percentage is still very good and remains fairly constant at just over 90 per cent.

SCHOOL TRANSPORT

The transport arrangements for conveying children to and from special schools remain satisfactory.

Nine 'buses serve the five E.S.N. special schools, the Wykebeck E.S.N. classes, Potternewton Mansion, Elmete Hall and St. Bernadette's R.C. E.S.N. school, and where it would be uneconomical to provide a 'bus or where the child's handicap is too severe to travel by this means, children are taken to and from school by car.

With the opening of the Day Unit at the Child Guidance Centre transport had to be provided for several children ; this has necessitated increasing the cars to seventeen each day and also using some of them to take children home after the morning session and to bring others for the afternoon.

The Welfare Services continue to provide transport for one child who is too severely handicapped to travel to Potternewton Mansion by other means.

Children are taken to Larchfield School, Harrogate, each Monday morning and returned to their homes on Saturday mornings by the Ambulance Service.

The number of children in residential schools has increased, thus making more demands for escorts each holiday. Several schools in the south of England bring their pupils to London, and arrangements can be made to meet parties at main line stations and escort them to Leeds in one party.

Owing to the increased number of children attending the West Kirby Convalescent Home it has been found more practicable to provide a coach for their journeys and arrangements are made to include West Riding children in the party. This Authority also provides coaches to some special schools and allow Leeds children to travel with their escorts.

Wherever possible joint arrangements are made between the two Authorities.

There are still parents who refuse to escort their children to and from school or are incapable of doing so.

DENTAL SERVICE

Report by Mr. D. E. Taylor.

There was only a slight deterioration in the staffing position towards the end of the year; one full-time dentist changed to part-time.

The loss of four dentists in the previous year made it necessary to reduce the number of treatment sessions in all the clinics in order to cover all districts. The inevitable consequence was that the time between inspections was increased.

The total number of extraction sessions was 343; part-time medical practitioners gave general anæsthetics at 140 of these sessions.

The equivalent of 0·6 of the time of a dentist was spent on treating nursing and expectant mothers and pre-school children.

The inspection at six-monthly intervals of physically handicapped children attending Larchfield Residential School and Potternewton Mansion School continued. The treatment necessary was carried out at the central clinic with the exception of the extraction of teeth for children suffering from severe heart affections, such cases being referred to Mr. S. R. Fell at St. James's Hospital.

The two dental hygienists spent one-fifth of their working time giving talks and demonstrations at the maternity and child welfare clinics. The rest of their time was given to scaling and cleaning teeth and treating the gums of nursing and expectant mothers and school children. Unfortunately many mothers and children, after a course of treatment, allow their mouths to become infected again through failure to carry out the simple daily routine necessary to maintain a healthy mouth.

The work done during the year by the laboratory staff of two technicians and one apprentice was as follows :-

Dentures for mothers	..	..	..	397
Dentures for school children	..	..	..	60
Repairs to dentures	..	..	..	19
Crowns, splints, etc.	..	..	..	58
Orthodontic appliances	..	..	..	154

Orthodontic Clinic

Mr. J. Miller (orthodontist) reports :-

The increasing attention now being devoted to dental health inevitably directs the attention of parents to irregularities of the teeth and other abnormal dental conditions. As a result requests for orthodontic treatment tend to increase.

With so great a number of children on the school rolls, it is not surprising that many unusual and interesting conditions are discovered- usually by the dental officers as they carry out routine dental treatment. Dental cysts, tumours, supernumerary teeth and grossly misplaced teeth are amongst the cases which are referred for treatment.

It is regrettable that the decrease in the number of dental officers has had the effect of increasing the intervals between dental inspections. In these circumstances minor cases of malocclusion may become major deformities. The mouths of children with their developing dentitions require frequent and careful inspections in order that rational treatment may be planned and undertaken, hence the need for a fully staffed school dental service.

During the year it has been the privilege of the orthodontic clinic to provide demonstrations at meetings held by the British Dental Association, and attended by members of the dental profession. In addition to exhibiting the orthodontic procedures normally undertaken, we were able to display the excellent pictorial records of the operations which Professor T. Talmage Read, the oral surgery consultant, has performed for many of our patients.

APPENDIX I

REPORT ON PHYSICAL EDUCATION

by

Mr. G. B. THOMPSON

One of the notable features of the year 1961 was the opening of several new schools, all with fully equipped gymnasias. Matthew Murray School, the first comprehensive school in South Leeds, which opened in September, has three extensively equipped gymnasias. The school playing fields have not been completed but it is hoped that the area scheduled for this large school will be developed and brought into service as quickly as possible. No fewer than seven school playing fields were equipped and brought into use this year; work is progressing on other sites and additional schools have been allocated suitable games areas which will be developed or extended in the next two or three years.

In outdoor facilities for physical activities the boys have fared better than the girls; outside of grammar schools there is only one field set aside exclusively for the use of girls. Transport to take pupils to games areas eases the situation, but fields for girls' hockey or other winter games should be provided as well as football and rugby pitches for boys.

The older schools are not forgotten, and much has been done to bring their equipment up to present day standards within the limits of existing accommodation; several older schools now have the equivalent of equipped gymnasias. Improvements have been made in both primary and secondary schools.

The high quality of the instruction in swimming has led to considerable improvement in standards throughout the city. Standards of achievement are now above those which were thought reasonable during the past nine years. The new Certificate Awards will come into operation in the spring of 1962. The levels of competitive swimming have also improved, as a result of extensive voluntary special coaching. This year the Leeds Schools' Amateur Swimming Association won the Yorkshire Championship for the first time for over ten years; the girls from a Leeds school won the Yorkshire Life Saving Championship and brought great credit to the city by gaining third place in the National Championships. The margin of points between the first three was very narrow and team members and the teachers responsible for the coaching are to be congratulated on a fine achievement. The school children of the city owe a considerable debt to those teachers who devote so much time and energy to the advanced coaching and training scheme.

SWIMMING ATTENDANCES

	Primary	Secondary	Totals
Summer 1961	128,856	68,208	197,064
Winter 1960/61	131,281	91,162	225,443
Advanced Training	11,915		11,915
			<u>434,422</u>

CERTIFICATE AWARDS

	Winter 1960-61	Summer 1961
Preliminary (new swimmers)	2,318	2,469
Other Certificates	2,306	2,286
Merit	15	35
	<u>4,639</u>	<u>4,793</u>

Transport to playing fields and swimming baths is provided on a liberal scale. Several new schools are situated towards the boundaries of the city and therefore the number of children requiring transport will increase. Two new swimming pools are under construction—a junior training pool at Parklands C.P. Junior School and a larger pool at Belle Isle C.S. Boys' School. Both will have filtration, chlorination and heating units. They are to be open baths with protective covers. Pupils are assisting in the construction of the Belle Isle pool.

More pupils have been successful in gaining the Bronze Medallion Award of the Royal Life Saving Society and every successful candidate receives a free pass to the City Baths for one year, as do holders of the instructors' certificate.

ROYAL LIFE SAVING SOCIETY AWARDS

January 1961—December 1961

Bronze Medallion	362
Instructors' Certificate (introduced September, 1961)	7
Award of Merit (discontinued August, 1961)	19

It is pleasing to note that more schools are taking part in outdoor activities. Static and mobile camping parties have increased considerably; rock-climbing, fell-walking, hiking, youth-hostelling and canoeing all have an increased number of ardent supporters of both sexes. Some more experienced groups have combined two or more of these activities and have also undertaken geological and historical surveys. The camping equipment provided by the committee is in constant demand and has been augmented, but it is gratifying to see that many schools have made special efforts both to provide equipment for their own use and to encourage pupils to supply their own individual equipment. The school staffs are to be congratulated on the care which they give to the planning and organisation of these pursuits despite the heavy demands made on their leisure time.

APPENDIX II

SCHOOL MEALS SERVICE

by

Mr. R. P. GIBBS

Once again, there has been an increase in the number of meals served to pupils in Leeds schools. The total for the year was 7,880,205, which was 277,835 more than in 1960. The highest number of meals on one day was recorded in November when 43,562 meals were served, a number representing 54.3 per cent of the children on roll at that time. This was a 1.7% increase on the figure for children taking meals on any one day in 1960. The number of free meals served on this particular day was 3,439, at a time when 4,052 children were entitled to free meals. The three usual centres again provided meals during school holidays, and the average daily attendance was 322, most of whom were children entitled to free meals. The Service has continued to provide refreshments at various school functions, and packed meals were provided for children going on educational visits.

As a result of development during the year the total capacity of the seventy school kitchens, excluding Koshier and Training Kitchens, is now 48,705 meals daily. During the year six kitchens were opened in new schools. From April, the kitchen at Moor Grange C.S. School was partly operative, serving 200 meals daily, and in September it became fully operative, serving 500 meals daily. Four more kitchens were opened in September: Fir Tree C.P. School with a capacity of 250 meals daily, St. Thomas Aquinas R.C. School, 550 meals, Matthew Murray Upper School, 750 meals, and Matthew Murray Lower School, 450 meals. Finally, in November, a kitchen was opened at St. John Bosco R.C. School, with a capacity of 500 meals daily. Two kitchens, at Allerton High School and West Leeds Boys' High School, remain closed while their premises undergo extensive alterations.

As a result of the closing or reorganisation of the schools concerned six canteens were closed during the year. These were: Bewerley Street C.P. Boys', Moortown C.P. (Highfield Annexe), Hunslet St. Silas' C. of E., Stanningley C. of E., Burmantofts C.S. Boys' and West Park C.S. (Moor Grange Annexe). In addition, three canteens were moved to new premises: St. Marie's R.C. Secondary Girls' to improved premises in the school, Beeston C.P.

Infants' to Beeston Kitchen Dining Room, and Cross Flatts Park C.P. Girls' to Cross Flatts Kitchen Annexe. Elsewhere, a number of minor improvements to canteens have been effected to improve hygienic conditions, and new sculleries have been constructed at Bramley Christ the King R.C. Primary, Hunslet Carr C.P. Infant, Chapeltown C.P. Infant, and All Saints' C. of E. Schools.

The comprehensive training scheme, designed to give promising new entrants to the service opportunities for promotion in the various grades of kitchen staff, has continued throughout the year, and has provided the Authority with trained and experienced personnel for work in the new kitchens. Further courses in personnel and canteen management have been run for suitable staff.

To stimulate interest, kitchen supervisors were supplied with monthly booklets dealing with all aspects of cookery and containing tested recipes for new dishes.

This year, apart from the shortage of apples due to the failure of the crop, there were no exceptional difficulties in obtaining supplies of essential foodstuffs. Kitchen supervisors have made full use of vegetables and fruit as they came into season and were available at reasonable cost, and have been most successful in maintaining a high standard of well cooked and attractively presented meals.

APPENDIX III

HEALTH EDUCATION

Where a health education officer teaches full-time in one school, her syllabus includes :

Healthy Bodies

Rules of health, including menstrual hygiene, simple anatomy and physiology (correlating with science course in school).

Healthy Minds

Thoughtfulness, kindness, good temper, growing up in a secondary school :

(a) behaviour in school and at home

(b) growing up -anatomical and physiological changes

Healthy homes, community health.

Prevention of accidents.

Health Workers. Health Services.

Healthy Spirits

Points raised by morning assembly, religious instruction lessons. Enlargement on study of books which raise moral and spiritual issues.

Child Care

How children grow : their needs, physical, mental, emotional ; mainly from 0-1 year though, where time allows, the older child is also included, but probably in the next stage of instruction.

Application of rules already learned to the needs of a healthy baby.

First Aid

Anatomy and Physiology

Various systems of the body in more detail, leading up to the reproductive system, menstrual cycle, the growth of the foetus and birth of a baby.

What is meant by a family : the home—care of the toddler and older child and its needs within the family. Relating this to baby-sitting when relevant. (Family responsibilities. Attitude to the opposite sex.) Relevance of religious approach to marriage and choice of marriage partner. Discussion on members of girls' own families and their attitude and responsibilities to them.

Mental health and its meaning. Good and bad habits. Attitudes to life, work, wages and use of leisure. The family budget. Personal care of self and possessions. Good grooming, poise, posture, etc. Wise feeding. Disease—modes of spread. Prevention. Vaccination, immunisation. Prevention of minor ailments—constipation, headaches, etc. Home nursing ; medicine cupboard. Adolescent development in reliability, punctuality, self-control, efficiency, neatness, truthfulness, etc. Emotional development—shyness, blushing, getting on with others. Good manners, unselfishness, patience, tolerance. The world of work.

MEDICAL INSPECTION RETURNS

YEAR ENDED 31st DECEMBER, 1961

TABLE I,
Medical Inspection of Pupils attending Maintained
Primary and Secondary Schools
(Including Nursery and Special Schools)
A. Periodic Medical Inspections

Age Groups Inspected (By year of birth)	Number of Pupils Inspected	Physical Condition of Pupils Inspected			
		Satisfactory		Unsatisfactory	
		No.	% of Col. 2	No.	% of Col. 2
1957 and later ..	411	413	99·8	1	0·2
1956	3,195	3,134	98·1	61	1·9
1955	3,072	3,040	99·3	23	0·7
1954	305	362	99·2	3	0·8
1953	185	182	98·4	3	1·6
1952	215	211	98·1	4	1·9
1951	3,977	3,957	99·5	20	0·5
1950	2,532	2,522	99·6	10	0·4
1949	401	401	100·0	—	—
1948	292	290	99·3	2	0·7
1947	3,385	3,371	99·6	14	0·4
1946 and earlier ..	3,406	3,396	99·7	10	0·3
Total	21,439	21,288	99·3	151	0·7

B. Pupils Found to Require Treatment at Periodic Medical Inspections

(excluding Dental Diseases and Infestation with Vermin)

Age Groups Inspected (By year of birth)	For defective vision (excluding squint)	For any of the other conditions recorded in Part II	Total individual pupils
1957 and later	7	24	31
1956	77	160	237
1955	80	203	283
1954	9	22	31
1953	9	18	27
1952	15	14	29
1951	144	170	314
1950	127	113	240
1949	21	10	31
1948	18	21	39
1947	102	98	200
1946 and earlier	143	66	209
Total	752	919	1,671

C.—Other Inspections

NUMBER OF SPECIAL INSPECTIONS	6,710
NUMBER OF RE-INSPECTIONS	22,399
TOTAL	29,109

TABLE II

Infestation with Vermin

(1) Total number of individual examinations of pupils in schools by school nurses or other authorised persons	240,887
(2) Total number of individual pupils found to be infested	3,806
(3) Number of individual pupils in respect of whom cleansing notices were issued (Section 54(2), Education Act, 1944)	1,540
(4) Number of individual pupils in respect of whom cleansing orders were issued (Section 54(3), Education Act, 1944)	578

TABLE III

Return of Defects found by Medical Inspection in the Year
Ended 31st December, 1961
A—Periodic Inspections

Defect Code No.	Defect or Disease					PERIODIC INSPECTIONS			
						Entrants	Leavers	Others	Total
4	Skin	T	O			10	37	81	128
						166	366	514	1,046
5	Eyes— <i>a.</i> Vision	T	O			84	245	423	752
						286	1,246	1,589	3,121
	<i>b.</i> Squint	T	O			58	8	76	142
						103	42	222	367
	<i>c.</i> Other	T	O			4	10	29	43
						46	77	115	238
6	Ears— <i>a.</i> Hearing	T	O			13	20	45	78
						143	110	261	514
	<i>b.</i> Otitis Media	T	O			2	8	5	15
						97	58	192	347
	<i>c.</i> Other	T	O			1	—	5	6
						10	11	32	53
7	Nose and Throat	T	O			37	8	68	113
						596	197	1,128	1,921
8	Speech	T	O			7	1	21	29
						229	29	286	544
9	Lymphatic Glands	T	O			3	—	1	4
						87	20	214	321
10	Heart	T	O			9	14	12	35
						83	145	209	437
11	Lungs	T	O			13	8	22	43
						193	145	502	840
12	Developmental— <i>a.</i> Hernia	T	O			4	—	16	20
						10	7	23	40
	<i>b.</i> Other	T	O			10	11	56	77
						192	232	587	1,011
13	Orthopaedic— <i>a.</i> Posture	T	O			4	13	25	42
						46	236	217	499
	<i>b.</i> Feet	T	O			14	18	35	67
						95	163	303	561
	<i>c.</i> Other	T	O			3	17	27	47
						128	215	344	687
14	Nervous System— <i>a.</i> Epilepsy	T	O			—	3	9	12
						6	10	23	39
	<i>b.</i> Other	T	O			14	2	32	48
						108	148	554	900
15	Psychological— <i>a.</i> Development	T	O			1	—	38	39
						69	59	296	424
	<i>b.</i> Stability	T	O			3	1	8	12
						133	144	202	500
16	Abdomen	T	O			—	—	—	—
						38	47	101	186
17	Other	T	O			2	2	1	5
						4	82	24	110

B. Special Inspections

Detect Code No.	Detect or Disease	SPECIAL INSPECTIONS	
		Pupils requiring treatment	Pupils requiring observation
4	Skin	208	1
5	Eyes— <i>a.</i> Vision	2,529	554
	<i>b.</i> Squint	203	1
	<i>c.</i> Other	11	—
6	Ears— <i>a.</i> Hearing	124	188
	<i>b.</i> Otitis Media	90	—
	<i>c.</i> Other	99	21
7	Nose and Throat	118	3
8	Speech	119	81
9	Lymphatic Glands	5	—
10	Heart	39	11
11	Lungs	111	25
12	Developmental—	—	—
	<i>a.</i> Hernia	—	10
	<i>b.</i> Other	—	84
13	Orthopaedic—	—	—
	<i>a.</i> Posture	63	3
	<i>b.</i> Feet	61	4
	<i>c.</i> Other	52	45
14	Nervous System—	—	—
	<i>a.</i> Epilepsy	—	9
	<i>b.</i> Other	—	144
15	Psychological—	—	—
	<i>a.</i> Development	—	18
	<i>b.</i> Stability	—	27
16	Abdomen	1	1
17	Other	40	1

TABLE IV

**Treatment of Pupils Attending Maintained Primary and
Secondary Schools (Including Nursery and Special Schools)**

A. —Eye Diseases, Defective Vision and Squint

	Number of cases known to have been dealt with
External and other, excluding errors of refraction and squint	578
Errors of refraction (including squint)	5,690
Total	6,268
Number of pupils for whom spectacles were prescribed	2,897

B.—Diseases and Defects of Ear, Nose and Throat

	Number of cases known to have been dealt with
Received operative treatment—	
(a) for diseases of the ear	5
(b) for adenoids and chronic tonsillitis	52
(c) for other nose and throat conditions	1
Received other forms of treatment	778
Total	836
Total number of pupils in schools who are known to have been provided with hearing aids—	
(a) in 1961	17
(b) in previous years	154

Table C.—Orthopædic and Postural Defects

	Number of cases known to have been treated
(a) Pupils treated at clinics or out-patients departments	425
(b) Pupils treated at school for postural defects	—
Total	425

Table D.—Diseases of the Skin (excluding uncleanliness, for which see Table II)

	Number of cases known to have been treated
Ringworm—(a) Scalp	—
(b) Body	3
Scabies	32
Impetigo	143
Other skin diseases	4,243
Total	4,421

Table E.—Child Guidance Treatment

	Number of cases known to have been treated
Pupils treated at Child Guidance Clinics	200

Table F.—Speech Therapy

	Number of cases known to have been treated
Pupils treated by speech therapists	314

G.—Other Treatment Given

	Number of cases known to have been dealt with
(a) Pupils with minor ailments	1,553
(b) Pupils who received convalescent treatment under School Health Service arrangements	110
(c) Pupils who received B.C.G. vaccination	4,590
(d) Other than (a), (b) and (c) above.	
Children receiving Vitamin tablets	512
Lymphatic Glands	7
Heart and Circulation	18
Chiropody	926
Polio-Vaccination	20,010
Total (a)–(d)	30,762

**TABLE V.—Dental Inspection and Treatment carried out
by the Authority**

(1) Number of pupils inspected by the Authority's Dental Officers :—							
(a) At Periodic Inspections							17,257
(b) As Specials							3,428
						TOTAL (1) ..	20,685
(2) Number found to require treatment							18,220
(3) Number offered treatment							13,823
(4) Number actually treated							9,681
(5) Number of attendances made by pupils for treatment, including those recorded at II(h)							26,412
(6) Half days devoted to :—							
Periodic (School) inspection							177½
Treatment							4,399
						TOTAL (6) ..	4,576½
(7) Fillings :—							
Permanent Teeth							15,266
Temporary Teeth							179
						TOTAL (7) ..	15,445
(8) Number of teeth filled :—							
Permanent Teeth							11,403
Temporary Teeth							179
						TOTAL (8) ..	11,582
(9) Extractions :—							
Permanent Teeth							5,551
Temporary Teeth							11,306
						TOTAL (9) ..	16,947

TABLE V (Continued)

(10) Administration of general anæsthetics for extraction ..	9,224
(11) Orthodontics :—	
(a) Cases commenced during the year	266
(b) Cases carried forward from previous year	855
(c) Cases completed during the year	250
(d) Cases discontinued during the year	18
(e) Pupils treated with appliances	298
(f) Removable appliances fitted	447
(g) Fixed appliances fitted	—
(h) Total attendances	6,282
(12) Number of pupils supplied with dentures	60
(13) Other operations :—	
Permanent Teeth	8,153
Temporary Teeth	22
	<hr/>
TOTAL (13) ..	8,175

TABLE VI

Number of Exclusions, 1961

DEFECT	REFERRED FOR EXCLUSION BY		TOTAL
	School Medical Officers	School Nurses	
Uncleanliness of Head ..	—	2,190	2,190
Uncleanliness of Body ..	—	—	—
Ringworm—Scalp and Body ..	1	2	3
External Eye Disease	—	12	12
Scabies	—	24	24
Impetigo	—	16	16
Other Skin Diseases	—	1	1
Other Diseases	—	—	—
Vision	—	—	—
TOTAL 1961 ..	1	2,245	2,246
TOTAL 1960 ..	—	2,512	2,512

TABLE VII

Handicapped Pupils requiring Education at Special Schools or Boarding in Boarding Homes

	Blind	Parti- ally Sighted	Deaf	Parti- ally Deaf	Physi- cally Hand- capped	Deli- cate	Mal- adjusted	Educa- tionally Sub- normal	Epi- leptic	Speech	Total
During the year ended 1961—											
Handicapped pupils newly placed in schools and homes	2	6	1	7	29	19	7	130	—	—	201
Newly assessed requiring education	2	5	1	18	28	19	6	110	1	—	190
On 20th January, 1961 :—											
No. of handicapped pupils :—											
(i) Attending Special School—Day	—	15	37	37	117	—	—	624	—	—	830
Boarding	11	5	17	6	29	25	6	40	5	2	146
(ii) Attending Independent School	—	—	—	—	—	—	14	2	—	—	16
(iii) Boarding in Homes	—	—	—	—	—	1	1	2	—	—	4
Total	11	20	54	43	146	26	21	668	5	2	996
No. of handicapped pupils being educated under arrangements made under Section 56 of Education Act, 1944 :—											
(i) In Hospitals	—	—	—	—	—	25	—	—	—	—	25
(ii) In other (groups (conv. homes))	—	—	—	—	—	2	—	—	—	—	2
(iii) At home	—	—	—	—	—	3	—	—	—	—	3
No. of handicapped pupils requiring places in special schools—Day											
Boarding	1	4	—	12	1	64	—	30	—	—	111
	—	—	1	—	—	2	2	4	1	—	11

Printed by
JOWETT & SOWRY LTD.
Leeds 1